Mildmay Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mildmay Medical Practice on 25 November 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always managed such as fire and electrical equipment safety, recruitment checks, and medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There were gaps in staff safety training and induction but staff had otherwise been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had encountered significant staffing challenges for approximately 18 months prior to inspection but had secured a stable staff team by the time of inspection.
- The practice had applied for funding to improve premises and staffing.

Summary of findings

- The practice was in the process of implementing its new leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Implement appropriate arrangements to identify and mitigate risks to patient's safety including staff safety training and induction.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure patients records are appropriately secured and maintained.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were not always well managed such as fire safety, safety alerts, electrical equipment safety, recruitment checks, and in the event of medical emergencies.
- Staff had not received appropriate Disclosure and Barring Service (DBS) checks, safeguarding and safety training or induction.
- A clinical room containing hazards including sharps and medicines was unlocked and accessible to patients.
- There was no defibrillator for use in the event of an emergency, all except one emergency use medicine were available.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the clinical and administrative skills, knowledge and experience to deliver effective care and treatment but there were gaps in induction and training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients' consent was not always appropriately sought or recorded.

Summary of findings

- Arrangements for patients' cervical screening follow up were not effective.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All patient appointments with a partner GP had been extended to 15 minutes as standard and the practice readily offered double appointments of 30 minutes.
- The practice offered 45 minute appointments for a post-natal 6 week check for mother and baby and prioritised all appointments for children up to ten years old.
- The practice had started to implement usage of vegan (no animal cruelty) cleaning products.
- The practice had proactively arranged agreed regular periodic appointments for vulnerable patients that had frequently attended in hospital at accident and emergency, including with a booked interpreter in advance. This had lowered the amount of times these patients attended accident and emergency.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it had identified a need for an in house community pharmacist to improve safety and appropriate prescribing for patients on multiple medicines. It had also applied for resilience funding to strengthen clinical staff provision following difficulties in recruiting clinical staff.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients but this was not always reflected in outcomes.
- The practice did not have a governance framework due to staff recruitment and retention challenges and had applied for resilience funding to improve clinical staffing provision.
- There was a risk of breach of patient's confidentiality because paper notes were held at the back of the reception that was not secured when evening cleaning staff were on duty.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not consistently effective for example safety alerts and failsafes for cervical screening.
- There was insufficient management oversight to ensure appropriate staff safety training and review or implementation of the induction procedure.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with atrial fibrillation with a CHADS2 score receiving anticoagulation or antiplatelet therapy was 100% compared to 98% nationally. (CHADS2 is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition).
- The practice participated in an initiative to improve preventative medical care for frail older patients and avoid unnecessary admissions into hospital.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.
- Longer appointments and home visits were available when needed.

Summary of findings

- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 81% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was compared to 75% nationally.
- Childhood immunisation rates were comparable to national averages and ranged from 84% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 89% to 100% (ranged from 81% to 95% nationally) for five year olds.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82% but there were gaps in arrangements for following up patient's cervical screening test results.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice offered a 45 minute appointment for a post-natal 6 week check for mother and baby and prioritised all appointments for children up to ten years old.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had online appointment booking and prescription requests.
- The practice offered NHS health checks for patients aged 35-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Telephone consultations with GPs were available to meet the needs of this population group.

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 21 patients on the register with a learning disability, 11 (52%) of these patients had received an annual health check during the two thirds of the reporting year at inspection, with one third of the year remaining.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a weekly alcohol counselling clinic for its patients.
- The practice arranged regular periodic appointments for vulnerable patients that had frequently attended in hospital at accident and emergency, including with a booked interpreter. This had lowered the amount of occasions these patients attended accident and emergency.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%
- The practice had identified 82 patients on its register with a mental health condition, 90% of these patients had received an annual health check in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. Three hundred and fifty seven forms were distributed and 89 were returned. This represented 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.
- 58% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 75% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 64% said they would recommend their GP surgery to someone who has just moved to the local area compared to the national average of 80%.

The practice was aware of its lower scores for patients' access to appointments and patients recommending the surgery. The practice had implemented a telephone triage system where patients would receive a call back from a GP on the same day and had also promoted and advertised its online booking facility which it said had improved patients satisfaction. The practice manager regularly reviewed the practices friends and family test results and we reviewed the most recent friends and family test patients' satisfaction scores which showed 84% of patients said they would recommend the surgery.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, 12 were entirely positive about the standard of care received and the remaining two had mixed feedback with no overlapping negative themes. Patients said staff were excellent and caring.

We spoke with four patients during the inspection. All patients said staff were approachable, committed and caring. One patient had concerns in relation to translation services the remaining three were entirely satisfied with the care they received. All patients said staff were friendly and helpful.

Areas for improvement

Action the service MUST take to improve

- Implement appropriate arrangements to identify and mitigate risks to patient's safety including staff safety training and induction.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure patients records are appropriately secured and maintained.

Mildmay Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser.

Background to Mildmay Medical Practice

The Mildmay Medical Practice is situated within the NHS Islington Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 6,450 patients. The practice has car parking and is located within a two storey purpose built premises with all clinical rooms and patients facilities located on the ground floor. The practice provides a full range of services including, child and travel vaccines, extended hours and family planning including coil fitting. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, and diagnostic and screening procedures.

The practice had experienced substantial clinical and non-clinical staffing challenges over the previous year due to circumstances beyond their control. However, current staffing arrangements are now stable. The staff team at the practice includes two GP partners (one male who joined the practice in September 2016 working six sessions and one female working ten sessions per week), a long-term regular male locum male GP working 5.5 sessions per week, two regular locum GPs (one male and one female working a total of six sessions per week), a female practice nurse working eight sessions per week, a practice manager working 35 hours per week, and a team of reception and administrative staff working a mixture of part time and full time hours.

The practice's opening hours are 8.30am to 6.30pm every weekday except Thursday when it opens from 8.30am to 2.00pm, its doors and telephone lines remain open throughout these periods. GP appointments are available from 8.30am to 12.30pm and 3.30pm to 6.30pm every weekday except Thursday when the last appointment is at 12.45pm. Home visits are available and telephone consultations including during lunch time periods. Online pre-bookable appointments and urgent appointments are available for patients who need them. The practice provides extended hours from 6.30pm to 7.15 pm on Mondays and Tuesdays and from 6.30pm to 7.00pm on Wednesdays and Fridays. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider. Additional out of hours appointments are available via a network of local practices called I:HUB from 6.30pm to 8.00pm every week day, and 8.00am to 8.00pm on Saturday and Sunday.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a higher percentage than national average of people whose working status is unemployed (9% compared to 5% nationally), and a lower percentage of people over 65 years of age (8% compared to 17% nationally). The average male and female life expectancy for the practice is 78 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 83 years for females (which is the same within the Clinical Commissioning Group and nationally). The practice told us its patients demographic was approximately one third recorded as "British/mixed

Detailed findings

British", and a further third as “Other White” many of whom were Turkish non-English speaking, and that registrations from black and other ethnic minority groups were increasing.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The provider had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2016.

During our visit we:

- Spoke with a range of staff (GP partners, a regular locum GP, a practice nurse, practice manager, and reception and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an accident/ incident recording form available that supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient's test result had been delayed. The practice investigated the incident and relevant staff met to discuss learning and improvements. The practice established a new protocol to prevent recurrence by ensuring patients test results were followed up promptly and confirmed as received.

The practice manager and clinicians received patient safety alerts and kept a record of these but there was no method to confirm safety alerts were followed up. A GP partner was in the process of redesigning the system for managing safety alerts to filter relevant alerts, reduce waste work and confirm appropriate follow up. After inspection the practice sent us its new procedure for dealing with alert notifications and an action plan template with recent actions completed.

Overview of safety systems and processes

Systems, processes and practices did not always keep patients safe and safeguarded from abuse:

- Safeguarding policies were available to all staff that reflected relevant legislation and local requirements and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding adults and another for safeguarding children, but there was no evidence of appropriate safeguarding training for the practice nurse, non-clinical staff, or the lead GP for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We spoke with clinical and non-clinical staff and all demonstrated they understood their day to day responsibilities. After inspection the practice sent us evidence the practice nurse had completed relevant safeguarding training to level 2 on the day of inspection, the lead GP for children's safeguarding to level 3 within two days of inspection, and that a programme of safeguarding training had commenced for non-clinical staff.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had applied for chaperones Disclosure and Barring Service (DBS) checks prior to inspection the applications were being processed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and was supported by the practice manager. There was an infection control protocol in place but staff had not received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example by ensuring appropriate antiseptic wipes availability in all clinical rooms. The practice had also applied for improvement funding to replace clinical room sinks and taps. After inspection the practice sent us evidence demonstrating it had commenced infection control training for non-clinical and clinical staff, some had completed it immediately after inspection.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining,

prescribing, recording, handling, storing, security and disposal). However, the treatment room was left open and contained an unsecured medicines refrigerator and other hazards such as sharps and a patient was left unsupervised in the treatment room on the day of inspection. After inspection the practice sent us evidence it had secured the room with a door code entry lock.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed staff personnel files and found recruitment checks had been undertaken prior to employment, with the exception of checks through the Disclosure and Barring Service (DBS). For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, DBS had not been undertaken prior to appointment for several staff members including clinicians; some DBS applications were applied for just before our inspection but had not come through or were partially processed. Staff told us they had DBS checks that existed prior to employment and one GP showed us evidence at inspection. However, there was no indication the practice had verified or maintained staff DBS checks or undertaken them on behalf of staff before appointing or employing its staff as described in their recruitment policy. The practice locum staff employment protocol referred to out of date legislation but recruitment checks for locum staff were all undertaken.

Monitoring risks to patients

Not all risks to patients were assessed or well managed.

- There was a health and safety policy available with a poster in the reception office but it did not identify local health and safety representatives. We asked management staff who was responsible for health and safety and they were not sure. We checked the policy together with staff on the day of inspection and the practice completed the relevant responsible person's information onto their health and safety poster, in line with their policy and on the day of inspection.
- The practice had a fire risk assessment dating back to 2008 but there was no evidence identified risks including for immediate attention or within one month had been managed, such as a fire emergency plan to augment fire action notices and commencing regular fire drills. There was no assembly point indicated on fire action signage and staff completed the relevant information on the day of inspection. There was no nominated lead for fire safety or evidence of fire safety staff training except for one GP.
- Electrical equipment had not been checked to ensure the equipment was safe to use since 2013. After inspection the practice sent us evidence electrical equipment safety testing was carried out on 2 December 2016 Clinical equipment was checked to ensure it was working properly.

After inspection the practice sent us evidence of:

- Emergency lighting repair works undertaken
- Fire safety training being carried out for staff
- A protocol with nominated responsible person for testing the fire alarm weekly and an initial log of tests undertaken
- An updated fire plan with nominated fire marshals "to be agreed" and evacuation drills to be held "from time to time"
- An updated fire policy with a nominated management lead
- A fire risk assessment with various actions including removal of out of date fire extinguishers
- A fire drill date set for 14 December 2016

The information we received from the practice after inspection contained discrepancies and fire safety arrangements remained unclear. For example, the "Fire Emergency Policy" indicated two specific staff were nominated fire marshals and fire evacuation drills will take place every six months; but the "Fire Safety Policy" stated fire marshals were "to be agreed" and that the Practice Administrator will carry out fire evacuation drills "from time to time".

Requires improvement

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents with the exception of there being no defibrillator or risk assessment for one not being available.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had not received annual basic life support training; however, all staff had been trained within the last two years.
- The practice had oxygen on the premises with adult and children's masks. A first aid kit and accident book were available.
- There was no emergency use injectable diclofenac (used for emergency pain relief). However, all other emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff but holders of the plan had these numbers available on their mobile telephones and advised it had added this information after inspection.

After inspection the practice sent us evidence it had ordered diclofenac suppositories for emergency use and an invoice for a new defibrillator.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for the prescribing target:

- The number of antibacterial (antibiotics) prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.3 compared to 0.22 within the CCG and 0.27 nationally. We asked GPs about this and they told us there was a period when a GP partner was away and locums had been covering which had resulted in the deviation. The practice had recruited a stable and long term team at the time of inspection and had conducted several audits to monitor and improve its antibiotics prescribing. After inspection, the practice sent us August 2016 data that showed their STAR-PU results were in line with others in the CCG and data for the practice was not an outlier.

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89% compared with a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to improve prescribing of antibiotics used to treat Urinary Tract Infections (UTIs) in line with Islington infection guidelines. In the first audit cycle the practice analysed 11 patients prescribed antibiotics for UTIs; 9% (one patient) was prescribed inappropriately and 36% (four patients) were prescribed a sub optimal duration of treatment. The practice raised GPs' awareness of best practice by ensuring all clinicians and locum GPs were provided with the Islington infection guidelines. In the second audit cycle the practice analysed 31 patients and inappropriate prescribing had fallen to 3% (one of 31 patients) and 10% (three of 31 patients) prescribed a sub optimal duration of treatment.
- The practice participated in local audits and benchmarking. Findings were used by the practice to reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.

Effective staffing

Staff had the clinical and role specific administrative skills, knowledge and experience to deliver effective care and treatment but there were gaps in safety training and induction arrangements.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as confidentiality but did not cover safeguarding, infection prevention and control, fire safety, or health and safety and had not been implemented for newer employees.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- There were gaps in safety training such as safeguarding and fire safety awareness. Staff had access to and made use of e-learning training modules and in-house training and had been trained in information governance.

After inspection the practice sent us its new induction protocol format that included confidentiality, safeguarding children and adults, health & safety, fire safety and infection control.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff did not consistently record patients' consent to care and treatment in line with legislation or guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Consent had not consistently been recorded as offered for intimate examinations, or recorded at all for IUCD (coils) procedures. GPs told us that patients' consent was for IUCDs procedures was implied but not recorded.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%.

There was a policy to write reminder letters for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice audited patients

Requires improvement

Are services effective?

(for example, treatment is effective)

cervical screening every three months but there were no prompt failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

Childhood immunisation rates were comparable to national averages and ranged from 84% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 89% to 100% (ranged from 81% to 95% nationally) for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

After inspection the practice sent us a new protocol for prompt follow up of patients cervical screening test results.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirteen of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect with the exception of one card where a patient said a receptionist had not been polite.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

All patient appointments with a partner GP had been extended to 15 minutes as standard and the practice had a low threshold for offering double appointments of 30 minutes. The practice offered 45 mins for a post-natal 6 week check for mother and baby and prioritised all appointments for children up to ten years old. The practice had also started to implement usage of vegan (cruelty free, not tested on animals) cleaning products.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded comparably to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 71% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreter services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available but staff put them up on the day of inspection.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 191 patients as carers (3% of the practice list). The practice was in the process of verifying carers were appropriately coded on their systems and offered carers a vaccination for influenza. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had identified a need for an in house community pharmacist to improve safety and appropriate prescribing for patients on multiple medicines. It had also applied for resilience funding to strengthen clinical staff provision following difficulties in recruiting clinical staff.

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- Additional out of hours appointments were available via a network of local practices called I:HUB from 6.30pm to 8.00pm every week day, and 8.00am to 8.00pm on Saturday and Sunday.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

The practices' opening hours were 8.30am to 6.30pm every weekday except Thursday when it opened from 8.30am to 2.00pm, its doors and telephone lines remained open throughout these periods. GP appointments were available from 8.30am to 12.30pm and 3.30pm to 6.30pm every weekday except Thursday when the last appointment was at 12.45pm. Appointments included home visits, telephone consultations including during lunch time periods, and online pre-bookable appointments. Urgent appointments were available for patients who needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 71% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated manager who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints poster and summary leaflet.

We looked at 18 complaints received in the last 12 months and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice contacted a patient who was unhappy about arrangements for their relative's immunisation, it apologised to the patient and the complaint was investigated. Meetings were held with relevant staff and the practice sought guidance and clarification from a nominated specialist clinician in the local area. As a result, the practice briefed staff on the specialist advice it had received and implemented revised patient treatment guidance to prevent recurrence.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients but this was not always reflected in outcomes:

- The practice had a vision statement, it was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy and supporting business plans that were in progress such as resilience funding and a premises improvement grant application.

Governance arrangements

The practice did not have an effective governance framework due to staff recruitment and retention challenges:

- There was no staffing structure showing new roles but staff were clear on their roles and the practice compiled a list of staff responsibilities on the day of inspection.
- Practice specific policies were available to all staff but not always implemented. The recruitment protocol was not implemented for DBS checks and the locum element was implemented but out of date.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not consistently effective for example safety alerts and failsafes for cervical screening.
- There was insufficient management oversight to ensure appropriate staff safety training and review or implementation of the induction procedure.
- There was a risk of breach of patients' confidentiality because paper notes were held at the back of the reception that was not secured when evening cleaning staff were on duty. After inspection the practice sent us a new cleaners' rota that indicated immediate implementation to ensure that cleaning staff did not have access to patient's medical records.

We noted the practice had encountered significant staffing challenges and had managed with a high turnover of non-clinical staff, substantial personal challenges within the leadership team and difficulties recruiting GPs for approximately 18 months prior to inspection. The practice responded promptly and effectively to the issues identified and had secured a stable staff team by the time of inspection, but further improvement was required in several areas.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Staff were aware of their roles and responsibilities and felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held.
- Staff said they felt respected and supported and were involved in discussions about how to run and develop the practice. Staff told us the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had not met face to face since March 2015 but the practice sustained contact with the group via email and telephone and had a date set for a face to face meeting on 14 December 2016. The PPG was involved in patient surveys and submitted proposals for improvements to the practice management team. The practice used patients' feedback to make improvements. For example, it had implemented a telephone triage system to improve same day access for patients as a result of patients' feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals, and social events and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the work tray system had been changed and simplified as a result of feedback from the reception team. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to assess and mitigate risks to the health and safety of service users. The provider did not ensure effective systems for safety alerts. The provider had not ensured adequate staff safety training or induction. The provider had not secured a clinical room containing hazards including sharps and medicines that were unlocked and accessible to patients. The provider had not ensured effective fire safety arrangements. Arrangements to deal with emergencies and major incidents were not effective. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have systems in place to monitor the quality or safety of the service. The provider had no system to ensure appropriate staff safety induction or training. The provider had not securely maintained patients' confidential information or consistently recorded patients consent.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had failed to maintain all the information required in respect of persons employed or appointed for the purposes of a regulated activity, as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in breach of Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	Arrangements for maintaining fire safety and maintaining health and safety were unclear. The provider did not have an effective system for managing patients cervical screening test results. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.